

Landlord Authorization Form

		Date:
RE:		
	Tenant Name/Social Security No. or DL No. and Phone No. Tenant Name/Social Security No. or DL No. and Phone No. Tenant Name/Social Security No. or DL No. and Phone No.	
_		
	Tenant Mailing A	ddress
To the J	James City Service Authority:	
_	Tenant Nam	ne(s)
has enter	red into a lease for the property at:	
		Effective
	(Property Address)	(Lease Start Date)
and is au	uthorized to obtain water and/or sewer services at this a	address as a tenant of:
	(Property O	wner Name)
	(Account Status Notif	ication Address)
	ertifies that he/she is an authorized representative w	2-2119. If signed by an agent for the property owner, the who may legally endorse this document on behalf of the
Signed:	(Property Owner Agent)	Email:
required		ginia Code § 15.2-2119, James City Service Authority is elinquent. An account is considered delinquent when the pice has been mailed.
Signed:		Email:
	(Tenant)	
Signed:	(Tenant)	Email:
	(Tenant)	
Signed:		Email:
	(Tenant)	
LandlordA	Authorization	Rev. 08-2012

James City Service Authority 101-E Mounts Bay Road P.O. Box 8784 Williamsburg, VA 23187-8784 P: 757-253-6800 F: 757-253-6850 jcsa.billing@jamescitycountyva.gov jamescitycountyva.gov/jcsa

